Complete If Known

Date

10/814,992

July 7, 2003

PTD/SB/17 (01-06)
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U.S. Patent and Trademark Office: U.S. OEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no parsons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number

Filing Date

Fees pursuent to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL** 

for FY 2006			First Named Inventor	YUDOVSKY		
Applicant claims small entity status. See 37 CFR 1.27		, -	Examiner Name			
	T	-	Art Unit	Sylvie MacArthur		
TOTAL AMOUNT OF PAYMENT	(\$) 500.00	ŀ		1763		
			Attorney Docket No.	APPM004191.C	1/CPIWCVD/PJS	
METHOD OF PAYMENT (check all that apply)						
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :						
Deposit Account Deposit Account Number: 50-1074/APPM/004191C1/RWM Deposit Account Name: Applied Materials						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee						
Charge any additional fee(s) or undernayments of fee(s)						
WARNING: Information on this form may become public, Credit card information should not be included on this form, Provide credit card information and authorization on PTO-2038.						
FEE CALCULATION						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES						
FILING FEES SEARCH FEES EXAMINATION FEFS						
Application Type Fee (\$	Small Entity		Small Entity	L	Small Entity	
Application Type Fee (\$ Utility 300	1 <u>Fee(\$)</u> 150	Fee		Fee(\$)	Fee(\$)	Fees Paid (\$)
Design 200	100	500 100	250	200	100	
Plant 200	100	300	50 150	130	65	
Reissue 300	150	500	250	160	80	
Provisional 200	100	0	200	600	300	
2. EXCESS CLAIM FEES		٠	U	0	0	
Fee Description						Small Entity
Each claim over 20 (including Reissues)						Fee (\$)
Each independent claim over 3 (including Reissupe)					50 200	25 100
Multiple dependent claims  Total Claims Extra Claims Fee(\$)					360	180
-20 or HP=			Fee Paid (\$)			Dependent Claims
-2U of HP= X Fee (S) Fee Paid HP = highest number of total claims paid for, if greater than 20,						Fee Paid (\$)
- 3 or HPm	Claims Fee(\$)		Fee Paid (\$)			
HP = highest number of independen	t claims noid for if onester th					1
3. APPLICATION SIZE FEE						
If the specification and drawings exceed 100 sheets of paper (excluding plantage) and drawings exceed 100 sheets of paper (excluding plantage).						
issuings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for email entity) for exact additional co						
Tetral Shrates of Harrist See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1,16(s).						
- 100 =	neets Number of	each	additional 50 or fi	raction there	of Fee (\$)	Fee Paid (\$)
- 100 = /50 = (round up to a whole number) x =						
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)
Other (e.g., late filling surcharge): 1402/2402 - Appeal Brief						
Other (e.g., late filing surcharge): 1402/2402 - Appeal Brief \$500.00						
SUBMITTED BY O . 1000 a. 0						
Shareture V.J.	1/14.0.1	1	Registration No.			

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Robert W. Mulcahy

Name (Print/Type)